Background: Surgical site infections (SSI) are a major target of the French National Infection Control Program (PINC). The national prevalence survey conducted in 2006 showed that surgical site infections (SSI) represents 14.2% of all nosocomial infections (NI) [1].

During the period 1999-2006, 964,128 surgical procedures were monitored by the national SSI surveillance network (RAISIN) which revealed an SSI incidence of 1.54%. SSI are a major target of infection control. The present study identified 3 directions for further improvement: a reminder of existing guidelines, accuracy of guidelines for certain types of surgery and improvement of the organization of surgical care in certain specialties.

Objectives
The purpose of this study was to determine the differences between preoperative patient skin preparation practices according to the criteria of the SFPH conference and observed practices, before surgery or after interventional radiology. Five major audit criteria were selected from the consensus conference:

- Patient information
- Preoperative shower
- Preoperative hair removal
- Sterilization of surgical equipment
- Traceability of these procedures.

Materials and methods
This audit was conducted prospectively by a pair of previously trained auditors. All patients were eligible apart from minors and patients unable to give their consent to participate in this study. The study was conducted by interviews of patients and staff and by observation of professional practices in the operating room.

The chi-square test and Wilcoxon nonparametric test were used for statistical analysis. All computations were done using SAS (SAS Institute, Cary NC, USA). The level of significance was set at p < 0.05.

Results
609 (50.8%) health facilities took part in the audit including 41,188 patients from all surgical specialties. Information given to patients apart from minors and patients unable to give their consent to participate in this study. This questionnaire-based audit was conducted by interviews of patients and staff and by observation of professional practices in the operating room. The chi-square test and Wilcoxon nonparametric test were used for statistical analysis. All computations were done using SAS (SAS Institute, Cary NC, USA). The level of significance was set at p < 0.05.

Conclusions
The results of this audit, collected from a large sample of French hospitals, indicate that the main content of the SFPH conference consensus has been understood in all specialties included interventional radiology. The present study identified 3 directions for further improvement: a reminder of existing guidelines, accuracy of guidelines for certain types of surgery and improvement of the organization of surgical care in certain health facilities. This audit demonstrates the need to conduct further studies, particularly in specialties such as urology, gyneco-obstetrics and dermatology.